## Issue Classification



| _ |                         |   |  |  |  |  |  |  |
|---|-------------------------|---|--|--|--|--|--|--|
|   | Application/Control No. | Applicant(s)/Patent Under Reexamination |  |  |  |  |  |  |
|   | 10552456                | MEHTA ET AL.                            |  |  |  |  |  |  |
|   | Examiner                | Art Unit                                |  |  |  |  |  |  |
|   | JASON M NOLAN           | 1626                                    |  |  |  |  |  |  |

| ORIGINAL           |   |  |  |   |     |         | INTERNATIONAL CLASSIFICATION |                       |                       |   |  |  |             |  |  |  |
|--------------------|---|--|--|---|-----|---------|------------------------------|-----------------------|-----------------------|---|--|--|-------------|--|--|--|
| CLASS SUBCLASS     |   |  |  |   |     | CLAIMED |                              |                       |                       |   |  |  | NON-CLAIMED |  |  |  |
| 514 412            |   |  |  | Α | 6   | 1       | К                            | 31 / 403 (2006.01.01) |                       |   |  |  |             |  |  |  |
| CROSS REFERENCE(S) |   |  |  |   | С   | 0       | 7                            | D                     | 209 / 52 (2006.01.01) |   |  |  |             |  |  |  |
| CLASS              | CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |   | CK) |         |                              |                       |                       |   |  |  |             |  |  |  |
| 548                | 515                                     |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
|                    |   |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
|                    |   |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
|                    |   |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
|                    |   |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
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|                    | <del> </del>                            |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
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|                    |   |  |  |   |     |         |                              |                       |                       |   |  |  |             |  |  |  |
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|       | Claims renumbered in the same order as presented by applicant |       |          |       |          |       | СР       | A 🗵   | T.D.     | ☐ R.1.47 |          |       |          |       |          |
|-------|---|-------|----------|-------|----------|-------|----------|-------|----------|----------|----------|-------|----------|-------|----------|
| Final | Original  | Final | Original | Final | Original | Final | Original | Final | Original | Final    | Original | Final | Original | Final | Original |
| 1     | 1   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 2     | 2   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 3     | 3   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 4     | 4   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| -     | 5   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 5     | 6   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| -     | 7   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 6     | 8   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 7     | 9   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 8     | 10  |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 9     | 11  |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 10    | 12  |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 11    | 13  |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
| 12    | 14  |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
|       |   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |
|       |   |       |          |       |          |       |          |       |          |          |          |       |          |       |          |

| /JASON M NOLAN/ (Assistant Examiner)              | 09/12/2008<br>(Date) | Total Claims Allowed: |                   |  |  |
|---|----------------------|-----------------------|-------------------|--|--|
| /Kamal A Saeed/<br>Primary Examiner.Art Unit 1626 | 09/13/2008           | O.G. Print Claim(s)   | O.G. Print Figure |  |  |
| (Primary Examiner)                                | (Date)               | 1                     | none              |  |  |

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